



**Northwest LTC Financial Aid
Special Consideration Form
Dependent Student 2017-2018**

Name _____ Campus ID (or SSN) _____
(Please Print) Last Name First Name

I am requesting consideration of my family's 2016 total income because:

My family's estimated 2016 income will be:

Student: \$ _____ (provide a copy of latest pay stub or W-2 form from the end of the year)

Parent 1: \$ _____ (provide a copy of latest pay stub or W-2 form from the end of the year)

Parent 2: \$ _____ (provide a copy of latest pay stub or W-2 form from the end of the year)

Estimated untaxed income and/or benefits for 2016 will be _____ (provide documentation)

I certify that all information given on this form is complete, correct, and accurate to the best of my knowledge; and if requested, I will provide additional documentation required by the Office of Financial Aid.

Student's Signature Social Security Number Date

Legal Guardian Signature (If applicable) Social Security Number Date

Legal Guardian Signature (If applicable) Social Security Number Date

FAO Signature _____ Date _____ Semester _____